



**State of Tennessee
Department of Health
Board of Examiners in Psychology
227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, Tennessee 37243**

(Local) (615) 532-3202 or (Toll Free) (800) 778-4123
www.tennessee.gov

Senior Psychological Examiner Application

Dear Psychological Examiner:

This packet is for Licensed Psychological Examiners who are applying for a Senior Psychological Examiner license. The requirements for this license are detailed in the enclosed packet of materials, specifically Board rules and license statutes (Title 63, Chapter 11). It is very important that you read the instructions, statute and rules very carefully to ensure that your application is complete.

All documents submitted to the Board become part of your file and are not returnable or transferable. Your application will be reviewed for completeness and you will be notified of the status of your application. Typically, application materials are in the applicant's file within two weeks of the postmarked date. The Board's administrative staff is dedicated to the professional management of all applicant files. If you would like to personally review your file, please call the board office and make an appointment.

Please be aware that the review for completeness does not indicate whether the applicant is accepted as a candidate for licensure. Acceptable for licensure is a Board decision; not an administrative staff decision.

An application fee of \$25.00 must accompany the application. The personal check or money order is to be made payable to the "State of Tennessee." This application fee is non-refundable.

Please understand that it is the responsibility of all applicants and licensees to notify the board office whenever a change of name or mailing address occurs. Notification needs to be in writing and please reference your profession and the board in your correspondence. A change of name request must be notarized and state the reason for the change (i.e., marriage, divorce, etc.).

Every effort will be made to keep you informed of the status of your application and to process your application in a timely, efficient manner. Inquiries regarding your file will receive a response.

To ensure timely receipt of materials, all information is to be addressed as follows:

**Board of Examiners in Psychology
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Nashville, TN 37243**

Senior Psychological Examiner Application

1. Name _____
Last First Middle Maiden
2. Mailing Address _____

_____ (This address will be published on license verification web page.)
4. Social Security Number _____
5. Date of Birth _____
Month / Day / Year
6. Sex ____Male ____Female (For statistical purposes only.)
7. Telephone Numbers Home _____
Work _____
Fax _____
8. E-Mail Address _____
9. Current License Number _____
10. Check the option below that describes your professional history.

_____ I attest that I was licensed as a Psychological Examiner in Tennessee prior to July 1, 1991.

_____ I attest that I was licensed as a Psychological Examiner in Tennessee after July 1, 1991 and I have been rendering health-related clinical activities or services as a Psychological Examiner for five (5) years under supervision. Please list your supervisors below.

Name: _____
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	Yes *	No
11. Have you ever had a license or certificate for the practice of any profession, including Psychology, revoked, suspended, placed on probation or restrictions, or received a letter of reprimand?	_____	_____
12. Have you ever been denied a license or certificate to practice psychology?	_____	_____
13. Have you ever been convicted of a felony?	_____	_____
14. Have you ever been convicted of drunkenness or violation of the narcotic laws?	_____	_____
15. Have you ever been convicted for any offense involving moral turpitude?	_____	_____
16. Have you ever been charged with an ethics violation by any professional or scientific society?	_____	_____
17. Have you ever had your membership in any professional or scientific organization revoked or suspended for any reason other than non-payment of dues	_____	_____
18. Have you ever had clinical or staff privileges revoked or suspended?	_____	_____
19. Have you ever had professional liability insurance canceled?	_____	_____
20. If licensed after July 1, 1991, complete the attached form to document the two hundred (200) hours of post licensure Continuing Education. (You may need to make additional copies of the Continuing Education Report form.	_____	_____

Applicant Signature

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public

Date

My Commission Expires on _____

*On a separate sheet provide details relevant to any "yes" response. Please note relevant dates.

Name: _____
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Senior Psychological Examiner Application Continuing Education Report

NAME _____

Those who have received their Psychological Examiners license after June 30, 1991, are required to document 200 hours of post-licensure continuing education. Please use Rule 1180-1-.08, which describes the CE classifications, when completing this form. Please put the number of hours under each Type heading and total at bottom of page. **Please include copies of certificates of completion for each CE course listed on the form.**

Date	CE Title	Type I Number of hours	Type II Number of hours	Type III Number of hours
Totals number of hours				

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Name: _____
SPE Application